



# Summer on the Farm

2024

## REGISTRATION FORM

I, the undersigned parent/guardian....., wish for my child.....to participate in the “**Summer on the Farm**” program including all activities.

I would like my child to participate in the ..... session, from.....to.....

Thessaloniki, ...../...../2024

Signature of the  
Parent/ Guardian

### **Financial terms**

1. The basic cost for the program per period is 450€  
Additional services (optional) Bus transportation 80€  
I indicate that I **want / do not** want the transfer service.
2. Participation fee can be deposited as follows:
  - a deposit of 250€ with the submission of the registration form
  - final payment is due 1 week before the camp begins
3. In case of cancellation, the deposit is non-refundable, but there is no obligation to pay the balance either.
4. Every payment receives a receipt.
5. To complete the payment, the personal RF code of the participant in "Summer on the farm" is sent electronically by the financial department of the School and is valid for every subsequent participation of the child in it.
6. It is clarified that for the participants of "Summer on the farm 2023" the existing personal RF code can be used.
7. Payments can be made exceptionally to the available bank accounts, upon request.

**Note: The child's name must be stated on the bank deposit for identification purposes.**



# Summer on the Farm



## PARTICIPANT'S CARD

### Information about the child:

Participant's name and surname: .....

Date of birth: ...../...../.....

Grade they have finished: .....

School attended: .....

### Information about the family:

It is important that you provide all the numbers you can be reached at.

**Parent A: Name & Surname** .....

Home/Work & mobile number: .....

Email: .....

**Parent B: Name & Surname** .....

Home/Work & mobile number: .....

Email: .....

Home address: .....

Area & postcode: .....

Emergency Contact (Name and number): .....

### Other information (mention any information you think is necessary)

Medical History (allergies): .....

Authorized person/s for dropping off and picking up the child: .....

.....

Preferred pick up/ drop off point for bus\*: .....

.....

Previous participation in a summer program: .....

Participation in the same group as (names): .....

**For the Pre-K and Kindergarten:**

Is assistance required during meals?                      YES      NO

For the toilet?    YES      NO

Any other assistance?    YES      NO

Where did you hear about our program?:

friends    press    leaflets/pamphlets    webpage  

other:.....

\* When creating the bus routes, we take your suggestions into consideration, but we cannot commit that each and every stop will be included.



# Summer on the Farm

2024

## PRIVACY NOTICE

For more information: [https://www.afs.edu.gr/dyn/userfiles/files/PRIVACY%20NOTICE%20AFS\(2\).pdf](https://www.afs.edu.gr/dyn/userfiles/files/PRIVACY%20NOTICE%20AFS(2).pdf)

During the program I would like to be informed about organizational matters via:		
(A) E-mail	(B) Mail	
I give permission to my child being photographed whilst attending Summer Camp. The footage might be used for marketing and promotional purposes (without faces)	YES	NO
I give consent for my child to participate in group pictures which will then be sent via e-mail to all participants in that group (with faces)	YES	NO
I wish to receive newsletters regarding educational activities and special events of the School.	YES	NO

...../...../2024

the

Signature of

Parent/ Guardian

---